



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 9:40 am, Apr. 17, 2013

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| | | |
|--|-------------------------------|--|
| DATAMASTER SN <u>204161</u> | NAME OF AGENCY <u>MSHP</u> | DATE OF INSPECTION <u>4-17-2013</u> |
| LOCATION OF INSTRUMENT (STREET AND CITY) <u>HENRY CO. JAIL, CLINTON</u> | | TIME OF INSPECTION <u>0758</u> |

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

| | |
|---|---|
| <input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) | DATE AND TIME (from printout) <u>4-17-13 0758</u> |
| <input checked="" type="checkbox"/> COMPUTER | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTERS |
| <input checked="" type="checkbox"/> HEATER'S SAMPLE CHAMBER <u>49</u> °C | <input checked="" type="checkbox"/> QUARTZ STANDARD |
| <input checked="" type="checkbox"/> FLOW DETECTOR | <input checked="" type="checkbox"/> CALIBRATION |
| <input checked="" type="checkbox"/> PUMP HIGH SPEED | <input checked="" type="checkbox"/> PRINTER |
| <input checked="" type="checkbox"/> INDICATOR LIGHTS | |
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>REPCO MARKETING, INC.</u> LOT # <u>12002</u> EXP. DATE <u>8-29-14</u> | |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.1</u> °C SIMULATOR SN <u>G11066</u> EXP. DATE <u>1-10-2014</u> | |
| <input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) | |
| Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) | |
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE | |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE | |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE | |

| | | |
|----------------------|----------------------|----------------------|
| TEST 1 * <u>.097</u> | TEST 2 * <u>.098</u> | TEST 3 * <u>.099</u> |
|----------------------|----------------------|----------------------|

☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

| | | | | | |
|-------------------|------------------|--------------------|--------------------|--------------------|-------------------|
| REFUSALS <u>1</u> | (0-.04) <u>1</u> | (.05-.09) <u>2</u> | (.10-.14) <u>1</u> | (.15-.19) <u>2</u> | OVER .19 <u>0</u> |
|-------------------|------------------|--------------------|--------------------|--------------------|-------------------|

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

OPERATED WITHIN D.H.S.S. SPECIFICATIONS

INSPECTING OFFICER

| | |
|---|---|
| SIGNATURE <u>R.C. WEST</u> | PRINT FULL NAME <u>R.C. WEST</u> |
| TYPE II PERMIT NUMBER/EXPIRATION DATE <u>200122 05/15/14</u> | TELEPHONE NUMBER <u>(816) 622-0800</u> |

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 12002

EXPIRATION DATE: August 29, 2014 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

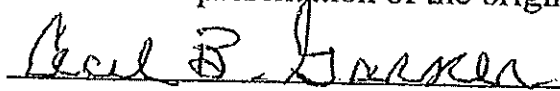
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 12002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is August 30, 2012
The expiration date for this lot number is August 29, 2014 at
11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



ROBERT WEST

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 05/15/2012

Number 220122

Expires 05/15/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL

BAC DATAMASTER SERIAL NUMBER 204161
04/17/13

ARREST TIME: 07:30

SUBJECT NAME:

RFICHECK

DOB: 01/01/81

STATE/D.L.: MO/1

ARRESTING OFFICER:

WEST/R/C

OFFICER I.D.: 1170

TESTING OFFICER:

WEST/R/C

OFFICER I.D.: 1170

PERMIT NUMBER: 200122

EXPIRATION DATE: 05/15/14

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 08:05 |
| INTERNAL STANDARD | VERIFIED | 08:05 |
| RADIO INTERFERENCE | | |

Operator Signature

RLH

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL

BAC DATAMASTER SERIAL NUMBER 204161
04/17/13
07:30

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 492

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

! "#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJKLMN
OPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~

Operator Signature

RLH

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL

BAC DATAMASTER SERIAL NUMBER 204161
04/17/13

TESTING OFFICER:

WEST/RVC

OFFICER I.D.: 1170

PERMIT NUMBER: 220122

EXPIRATION DATE: 05/15/14

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 03:07 |
| INTERNAL STANDARD | VERIFIED | 03:07 |
| EXTERNAL STANDARD | .097 | 03:08 |
| BLANK TEST | .000 | 03:08 |
| EXTERNAL STANDARD | .098 | 03:09 |
| BLANK TEST | .000 | 03:10 |
| EXTERNAL STANDARD | .099 | 03:10 |
| BLANK TEST | .000 | 03:11 |

N = 3

SIM. = .1

RMS. = .098

Operator Signature *RL*